

Good afternoon, Honorable Chairmen Rep. Verrengia, Sen. Larson and Sen. Guglielmo, members of the Public Safety and Security Committee, my name Dr. Rani Hoff, PhD, Director of the NEPEC (Northeast Program Evaluation Center) Office of Mental Health Operations (10NC5) VA Central Office and Professor of Psychiatry Yale University School of Medicine

I am here today to express support for proposed legislation, **S.B. No. 763 AN ACT CONCERNING WORKERS' COMPENSATION COVERAGE FOR POLICE OFFICERS, FIREFIGHTERS AND EMERGENCY MEDICAL TECHNICIANS WITH POST-TRAUMATIC STRESS DISORDER**

that would allow Connecticut firefighters to submit a Workmen's Compensation claim for posttraumatic stress disorder. PTSD is a mental health disorder that affects a sizable proportion of individuals, including combat veterans and first responders, who are exposed either once or multiple times over a career to extremely stressful events where they believe their life to be endangered. Reported rates of PTSD across different populations vary greatly, however some research has suggested that rates of PTSD can be as high as 20% among individuals exposed to repeated or prolonged exposures of this kind, such as combat or events associated with being a first responder.

PTSD is different from being "really stressed". There are specific symptoms that must be present at the same time, and of a sufficient duration, in order to meet diagnostic criteria for the disorder (I can provide a list of symptoms). Individuals with PTSD can experience a wide range of symptom severity. Some individuals, though fully meeting diagnostic criteria, may be able to function adequately in order to, for example, remain employed or in a committed relationship. Other individuals experience chronic or acute episodes of symptoms that greatly interfere with their ability to function in society. In addition, experiences of symptoms can wax and wane over time; an individual may go through a period of acute symptoms, which may resolve themselves to a lower level or even remission, and then experience a new episode later in time. The implications for the way that PTSD may appear in firefighters specifically are thus multifold:

- It is likely that the prevalence of PTSD among firefighters is somewhere between 10 and 20%
- The severity of symptoms may allow a firefighter to function in their job, although with lower quality of life, but the onset of severe symptoms can cause a firefighter to be unable to effectively do their job, which by extension may reduce public safety
- Firefighters who are at higher risk for more severe symptoms are those who have experienced multiple traumatic events over time, such as firefighters with longer tenure and/or combat exposure

The deleterious effects of PTSD symptoms on firefighter performance in particular may result in a reduction in public safety for a number of reasons.

- Severe nightmares and the inability to sleep is a common symptom. Exhausted firefighters will not be performing at their best
- Occasionally, individuals with PTSD can suddenly experience a “reliving” of a traumatic experience in the past, and such sudden episodes could be triggered by particularly stressful situations. A firefighter in a stressful situation such as entering a burning building, may be more likely to experience a reliving episode where they do not know where they are and believe that they are physically present in the past traumatic event. Although reliving does not happen with a great deal of frequency, it is a risk that could be elevated in individuals who are repeatedly experiencing high stress situations as part of their daily activities
- Even if a firefighter is able to basically function while experiencing symptoms of PTSD, such symptoms certainly reduce quality of life. As most humans in pain do, individuals with PTSD are likely to cope with the symptoms in a number of different ways. Some may take up rigorous exercise routines, others may attempt to cope with their symptoms by using alcohol or drugs, or by engaging in extreme sports or other activities that put them at risk of great bodily harm or death. Individuals using these coping mechanisms are at higher risk for DUIs, injuries severe enough to cause disability, and suicide. All of these could impact the firefighting force through lost productivity, poor work performance, and absenteeism.

The legislation allowing a firefighter to submit a Workmen’s Compensation claim for PTSD would be giving firefighters a similar benefit to claims they would have if they injured a limb in the course of doing their job. The development of PTSD, or the onset of a new acute episode of PTSD, could clearly be triggered by events on the job. For these reasons, I would urge the legislature to consider this benefit as a fair claim with equal justifiability to that for a physical injury.

That being said, I would urge you to reduce the risk of misuse of this benefit, and to increase the impact of this benefit for public safety, by imposing some requirements on such claims. First, a diagnosis of PTSD should be documented and endorsed by a mental health clinician licensed and credentialed in the diagnosis of mental illness. That is to say, a diagnosis provided by a primary care doctor, although certainly good reason for referral to a mental health professional, should not be considered sufficient evidence that the condition exists. Having a mental health professional such as a psychiatrist or a clinical psychologist assess and document the illness will reduce the risk of claims being paid for situations or experiences that are not really PTSD.

Secondly, I would urge that the payment of such claims be predicated upon documented evidence that the individual is receiving an evidence based treatment for PTSD. There are a number of very well documented and nationally accepted treatments, including

appropriate medication, specific evidence-based psychotherapies, or a combination of both. These therapies work—they can substantially reduce, and even remit, symptoms. There is an array of other services that individuals with PTSD may find helpful to support them in their recovery and to help them cope with symptoms, while not actually treating PTSD itself. Such services as peer support groups, supportive general psychotherapy, complementary and alternative services such as acupuncture and yoga, and the use of assist animals and recreational therapies have been helpful to individuals with PTSD, but they do not treat the illness itself. I would recommend that restrictions on claims should require evidence of a treatment that directly addresses the illness, and has been scientifically shown to be effective.

In conclusion, I believe that a substantial percentage of Connecticut firefighters may be living with the symptoms of PTSD, and the illness not only reduces quality of life, but reduces the ability of a firefighter to do their job well, which ultimately translates into a reduction in public safety, lost productivity, and lost money resulting from these effects. I would argue that it is fair to allow a firefighter to claim PTSD a direct result of their job, and to seek coverage that would allow them to obtain treatment without substantial loss of income. However such claims should be granted only for individuals who have been diagnosed by a mental health professional, and who can document that they are receiving an evidence-based treatment for PTSD.

Rani A. Hoff, PhD, MPH

Director, NEPEC
Office of Mental Health Operations (10NC5)
VA Central Office

Professor of Psychiatry
Yale University School of Medicine
Ph 203-932-5711 x8600